STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

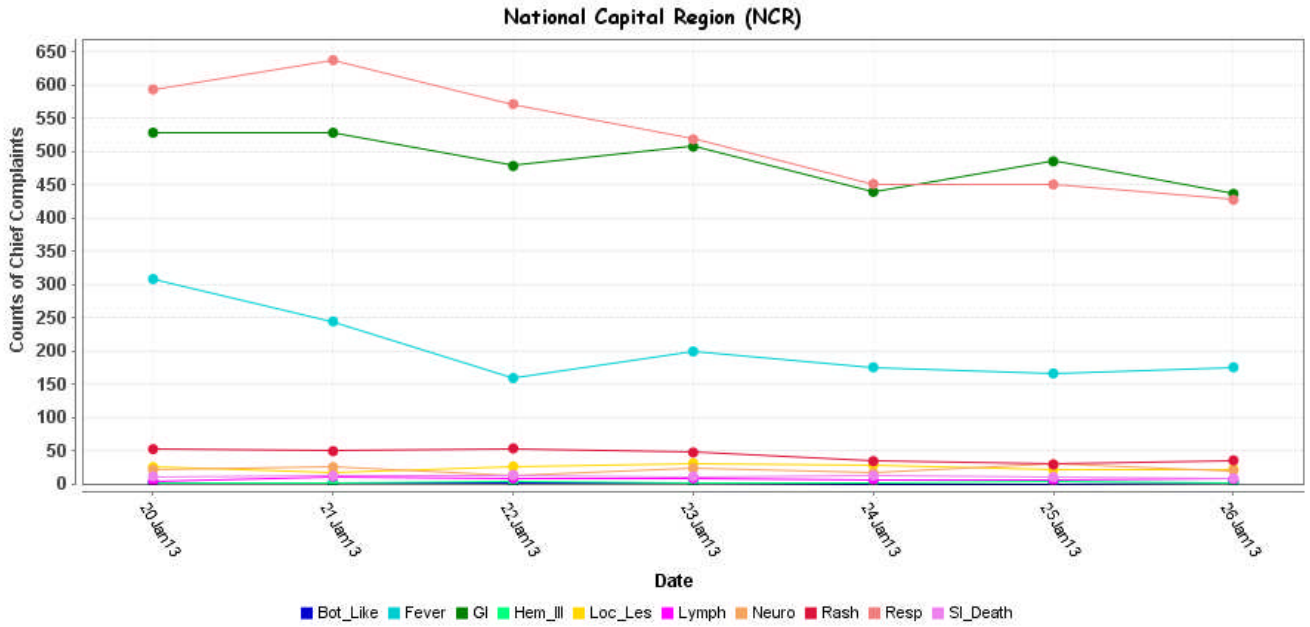
February 1, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:04
Reporting for the week ending 01/26/13 (MMWR Week #04)

CURRENT HOMELAND SECURITY THREAT LEVELS

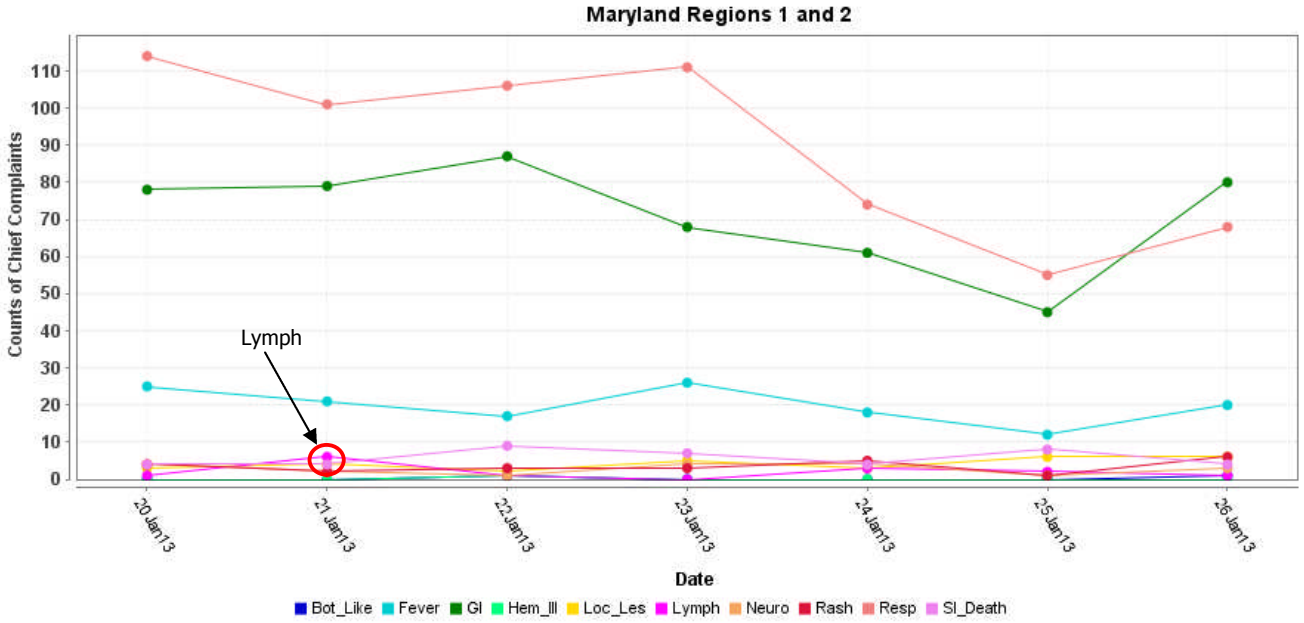
National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

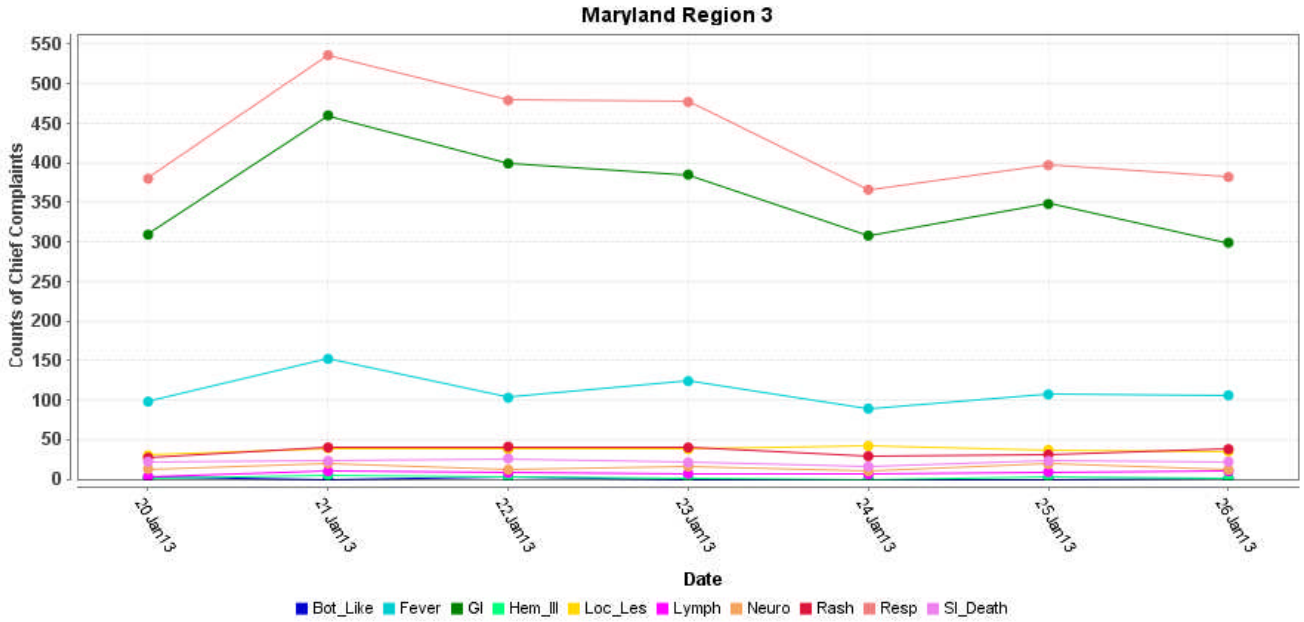


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

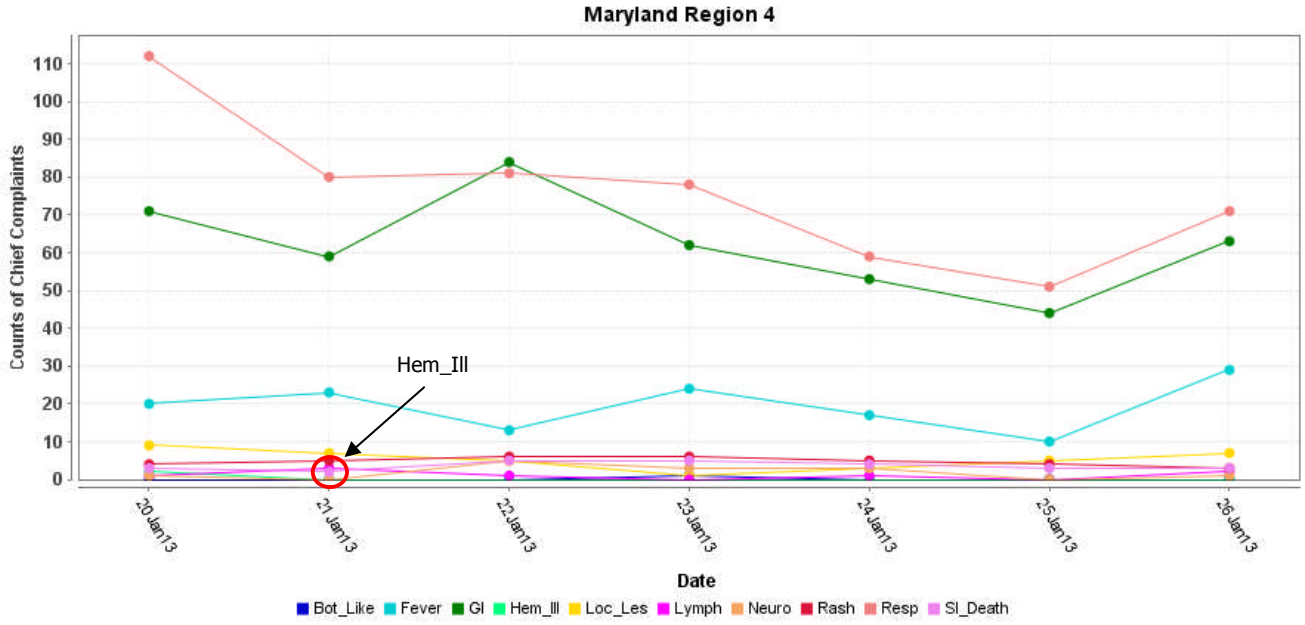
MARYLAND ESSENCE:



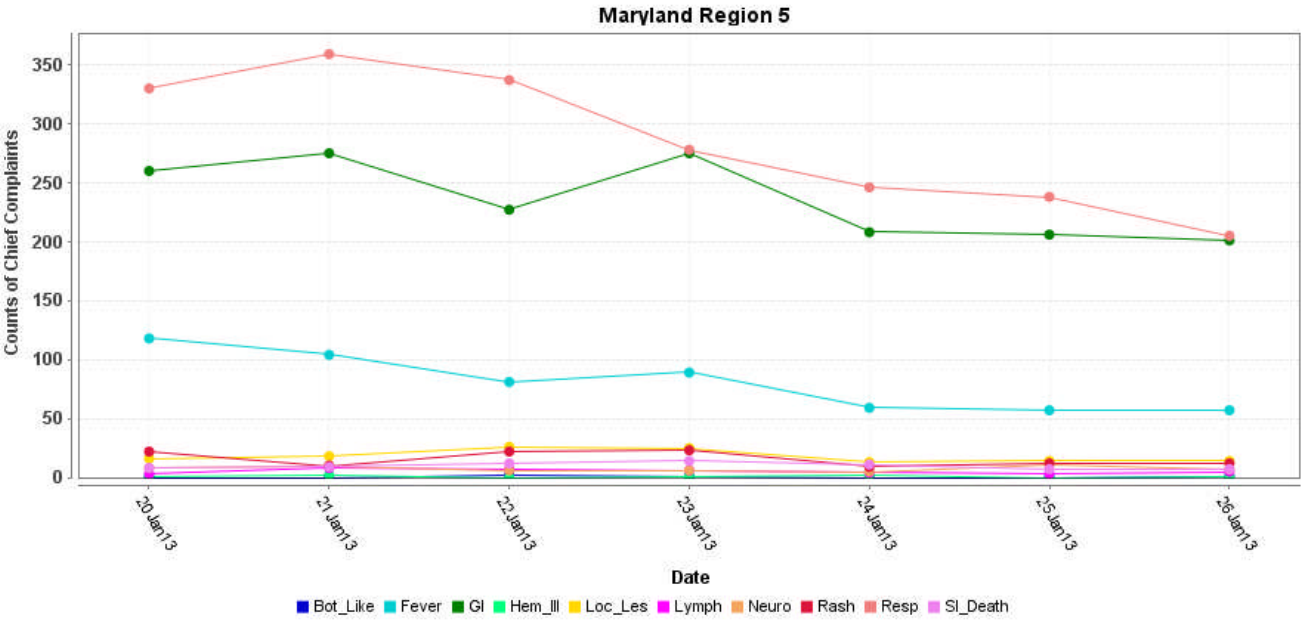
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



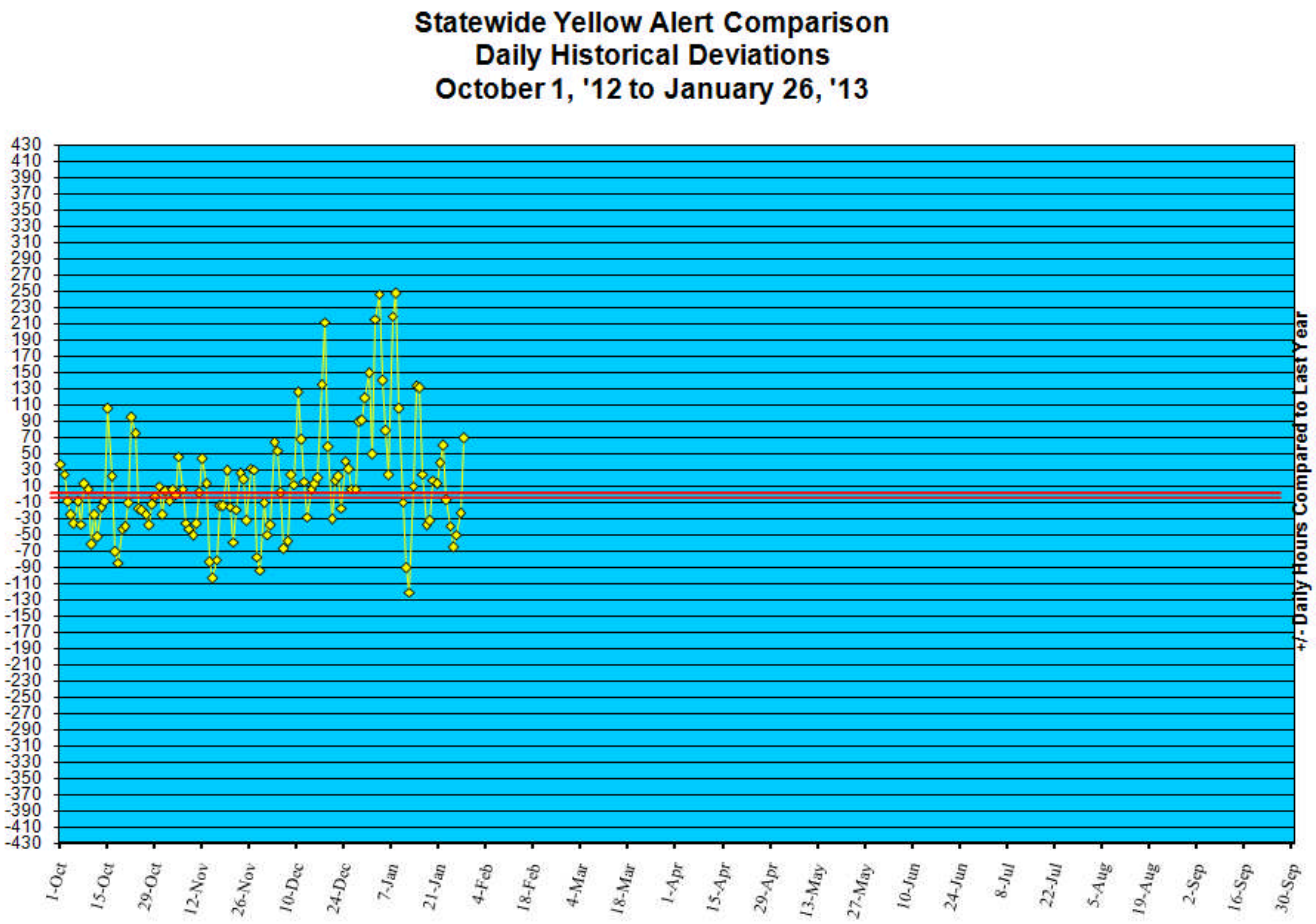
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (January 20 –January 26, 2013):	8	0
Prior week (January 13 –January 19, 2013):	4	0
Week#4, 2012 (January 22 – January 28, 2012):	2	0

12 outbreaks were reported to DHMH during MMWR Week 4 (January 20-26, 2013)

2 Gastroenteritis Outbreaks
1 outbreak of GASTROENTERITIS in an Assisted Living Facility
1 outbreak of GASTROENTERITIS in a Facility

10 Respiratory illness outbreaks
2 outbreaks of INFLUENZA in Nursing Homes
7 outbreaks of INFLUENZA/PNEUMONIA in Nursing Homes
1 outbreak of ILI/PNEUMONIA in a Nursing Home

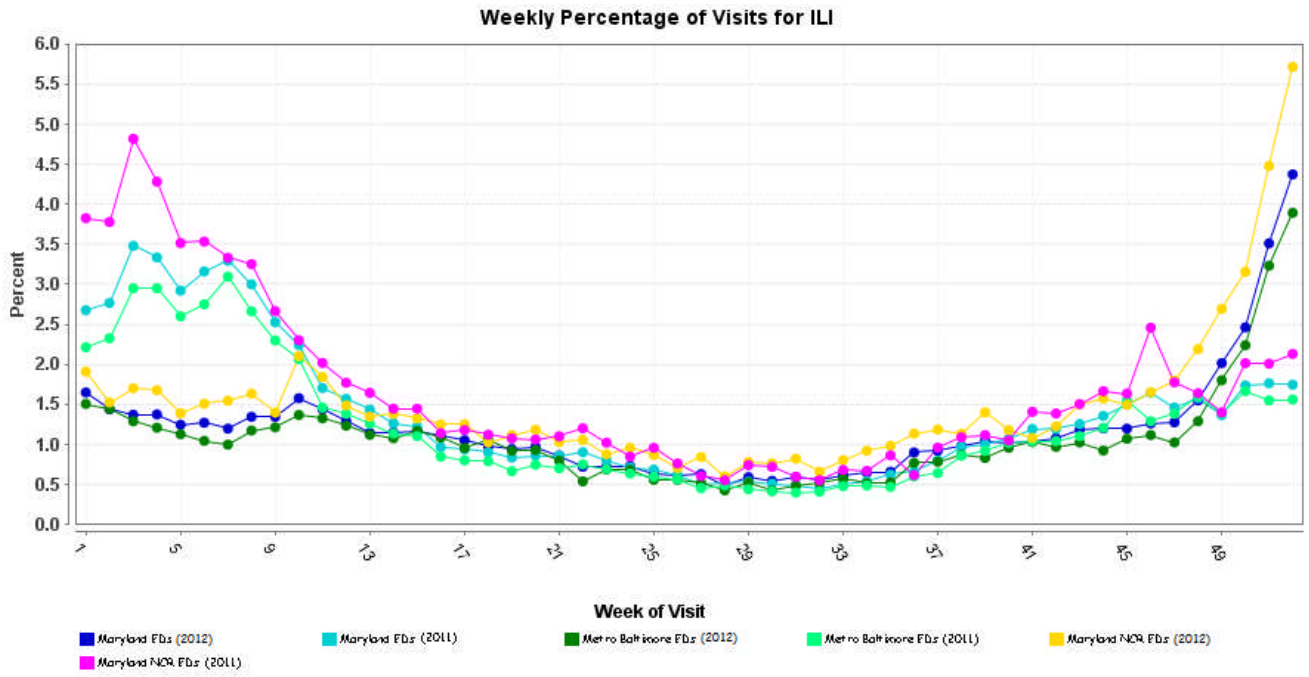
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 4 was: Widespread Activity with Moderate Intensity.

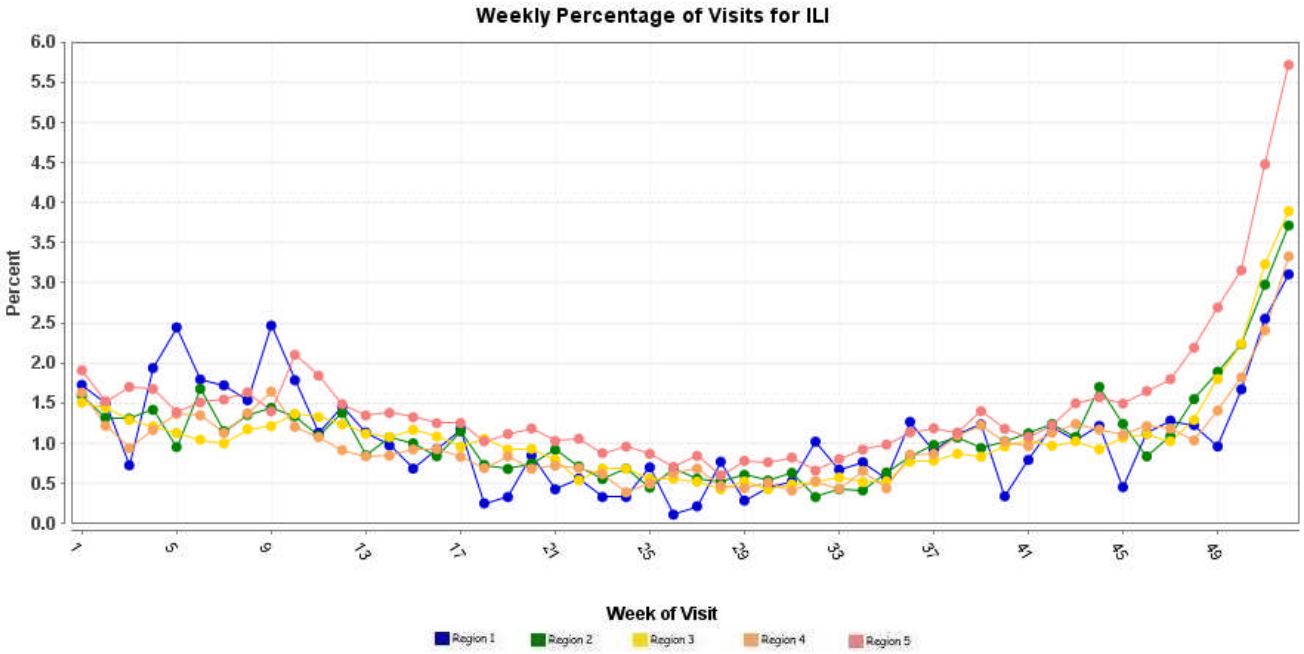
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



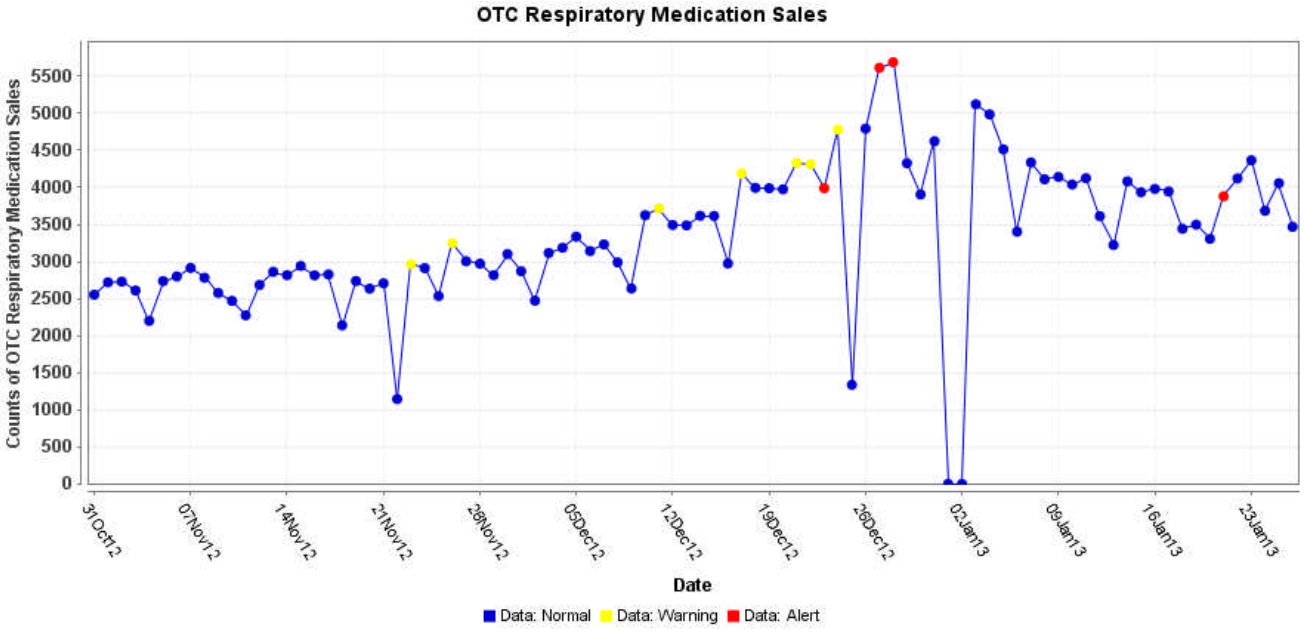
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of January 16, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 610, of which 360 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (CAMBODIA): 25 January 2013, The Institute Pasteur of Cambodia on 23 Jan 2013 confirmed 3 cases of H5N1 human influenza cases. A press release has just been issued (25 Jan 2013) after clearance from the Minister of Health. The 3 cases are from Phnom Penh, Takeo, and Kampong Speu. The 1st case is an 8-month-old infant boy, the 2nd a 15-year-old girl student, and the 3rd a 35-year-old man. The girl student and the man have died, and the infant has recovered.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (USA): 25 January 2013, The Centers for Disease Control and Prevention (CDC) is collaborating with public health officials in many states and the Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) to investigate a multistate outbreak of *Salmonella Typhimurium* infections. Public health investigators are using DNA "fingerprints" of the bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that performs molecular surveillance of foodborne infections. A total of 16 individuals infected with the outbreak strain of *S. Typhimurium* have been reported from 5 states. The number of ill people identified in each state with the outbreak strain is as follows: Arizona (1), Illinois (2), Iowa (1), Michigan (9), and Wisconsin (3). Among 16 persons for whom information is available, illness onset dates range from 9 Dec 2012 to 7 Jan 2013. Ill persons range in age from 2 years to 87 years, with a median age of 48 years. 43 percent of ill persons are female. Among 13 persons with available information, 7 (53 percent) reported being hospitalized. No deaths have been reported. Preliminary results of antibiotic susceptibility testing indicate that this strain of *S. Typhimurium* is susceptible to commonly prescribed antibiotics. This PFGE pattern has rarely been seen before in PulseNet and in the past typically caused 0-1 case per month. Epidemiologic and traceback investigations conducted by officials in local, state, and federal public health, agriculture, and regulatory agencies indicate that ground beef produced by Jouni Meats, Inc. and Gab Halal Foods are likely sources of this outbreak of *S. Typhimurium* infections. Initial investigations focused on 6 ill persons in Michigan and one ill person in Arizona who reported eating at the same restaurant before their illness began. All 7 of these ill persons reported eating raw ground beef kibbeh (a dish typically made of finely ground red meat, usually beef, minced onions, and bulghur wheat) at this restaurant before becoming ill. Investigations are ongoing to determine if the additional 9 ill persons may be linked to the recalled products. The CDC and state and local public health partners are continuing laboratory surveillance through PulseNet to identify additional ill persons and to interview ill persons about foods eaten before becoming ill. The FSIS is continuing to work closely with the CDC and state partners during this investigation. The CDC will update the public on the progress of this investigation as information becomes available. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (LOUISIANA): 25 January 2013, Stallings Head Cheese of Houston, Texas, is recalling 4700 pounds of hog head cheese that may be contaminated with Salmonella. The following product is subject to recall: 10-oz. packages of "Richard's Hog Head Cheese" bearing establishment number "EST. 2257" inside the USDA mark of inspection and sell by dates "Use by 2 1 2013" or "Use by 3 20 2013" on each package. The products subject to recall were produced on 1 Nov 2012, and 19 Dec 2012, and shipped to a distribution center for retail distribution in Louisiana and Southeastern Texas. Hog head cheese products produced by EST. 2257 have been linked to a recent *Salmonella Uganda* cluster involving 6 case-patients from Louisiana. Illness onset dates among the case-patients ranged from 16 Oct 2012 to 10 Nov 2012. 4 case-patients confirmed eating the brand under recall. Leftover product from consumers was not available for testing. However, retail samples of like product from different production dates underwent testing last week, and 4 of 9 samples tested positive for *Salmonella*. It is not known at this time if these samples are positive for the outbreak strain, but any finding of such will be made public by FSIS once it becomes available. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

ANTHRAX (PHILIPPINES): 25 January 2013, The Department of Health (DOH) in Cordillera advised the public to remain vigilant after 23 suspected anthrax cases were reported in Abra after people ate meat from a double dead [see Mod. comment below] dead carabao. Reports from Abra health officials revealed that from 17-24 Jan 2013, suspected anthrax cases increased from 12 to 23, respectively. Health officials said the cases were in the barangays of Cayapa, Bacooc, and Paganao in Lagangilang, Abra. Reports gathered by the Regional Epidemiology Surveillance Unit (RESU) revealed that a majority of the patients were males, including 3 children, with an age range of 2 to 57 years old. Two were admitted to Abra Provincial hospital but were discharged after 4 days. The patients exhibited signs and symptoms similar to anthrax, which include skin lesions, muscle pain, itchy skin, headache, fatigue, stomach pain, difficulty in breathing, sore throat, and dry cough. Specimen samples from the suspected anthrax cases were sent to Manila for laboratory confirmation. DOH-Cordillera Assistant Regional Director Dr. Pangilinan said the Provincial Epidemiology Surveillance Unit of Abra is coordinating with the Department of Agriculture (DA) and the concerned municipality for appropriate action and surveillance on the suspected anthrax cases. The department is still awaiting results of the specimen sent for laboratory confirmation. Although anthrax infection in humans is treatable when

detected early, Pangilinan said the public must refrain from eating contaminated meat, especially the meat of double [see below] dead animals. In 2010, health officials declared an outbreak of anthrax in the municipality of Villaviciosa in Abra after 38 cases were confirmed positive. All patients were said to have eaten meat of butchered carabaos that died of unknown causes; however, no deaths were recorded. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (AUSTRALIA): 25 January 2013, A total of 3 more people have been struck down by listeriosis after eating soft cheese. The cases in New South Wales (NSW) follow 7 cases last week. They bring the total number of people affected nationwide to 21. 2 Australians have died and a pregnant woman has miscarried following the outbreak. The people ate cheese produced by the Jindi Cheese Company that has since been recalled. Tests are still under way to confirm a direct link with the current outbreak, according to NSW Health. Jindi has voluntarily recalled all batches of cheese manufactured up to and including 6 Jan 2013. It follows an earlier recall of Brie and Camembert cheeses on 19 Dec 2012 after the 1st cases were identified. Listeria has a 70-day incubation period so new cases could still emerge. NSW Health acting director of health protection Professor Wayne Smith said all of the recent cases involved people aged over 65 with one person in a serious condition. "These cases highlight the need for people to check their fridges to see if they have any of the recalled cheeses and discard or return to the place of purchase any cheese that is on the list of recalled products," he said in a statement. "If the brand or best before date is unknown, do not consume the cheese, rather it should be discarded," he said. Listeria is a bacteria that can affect a number of food products but particularly soft cheeses including Brie and Camembert. The infection may cause minor or no symptoms in healthy individuals but can be particularly dangerous for the elderly, pregnant women and people with compromised immune systems, such as cancer patients. Early symptoms include fever, headache, tiredness, aches and pains. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (AUSTRALIA): 24 January 2013, A man is dead, and 4 others have been treated in hospital after a Legionnaires' disease outbreak in Footscray, in Melbourne's west. A man aged in his 50s who had other significant medical conditions died early today [24 Jan 2013] at Western Hospital. Three other people have been discharged after recovering from the flu-like illness, while another remains in hospital. Health Department officials are testing and disinfecting about 2 dozen air-conditioning cooling towers in Footscray. Legionnaires' disease is acquired through breathing in very fine droplets of water that contain the bacteria, such as spray drifts which are vented off from cooling towers. The acting chief health officer, Dr Michael Ackland, says all the patients spent time in an area within a 2-km radius of central Footscray. Dr Ackland says thorough decontamination and cleaning of infected towers should eliminate the disease, and there is no longer any risk to the public. "There should be no risk to people travelling in the Footscray area now, as all the cooling towers are now being disinfected, cleaned and rendered safe," he said. But he says anyone in the area who has been unwell and has flu-like symptoms should go to their doctor. "Legionnaires' disease can take 10 days to manifest itself after an exposure," he said. "So if indeed any of the cooling towers that we are examining are ultimately found to be the cause of this problem, then, yes, people may well come forward as new cases." Dr Ackland says the cases were individually reported between 8 Dec 2012 and yesterday [23 Jan 2013], when the common link to the Footscray area was confirmed. A 56-year-old St Albans man, a 93-year-old Yarraville woman, and a 69-year-old Footscray man have been treated in hospital and discharged. A 75-year-old West Footscray woman is still in hospital. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

YELLOW FEVER (SUDAN): 24 January 2013, Citizens of the Armenkol area in Sirba locality, West Darfur, fear that yellow fever may have claimed 2 more lives and are now "in a state of panic and fear" they told Radio Dabanga. 2 people suffering severe bleeding and high fever died on Thursday [24 Jan 2013] leading locals to suspect the disease could be yellow fever, sources say. Armenkol residents confirmed to Radio Dabanga they have not been vaccinated against the disease because the Ministry of Health indicated yellow fever had not reached the area. Witnesses urged authorities to contain the situation before the disease spreads. Ishaq Ahmed Yaqoub, health minister of West Darfur, told Radio Dabanga on Thursday [24 Jan 2013] he is not aware of the emergence of any cases of yellow fever in Armenkol. He affirmed that the 3rd phase of the vaccination campaign will be launched in the state, namely in Sirba and Kulbus localities, as vaccines arrive from Khartoum. Over 840 people were diagnosed with the disease as of 23 Jan 2013 and 171 have died, according to WHO. The outbreak has affected more than 35 localities in Darfur. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (NAMBIA): 21 January 2013, The Oshikoto Regional Health Directorate is hard at work to trace thousands of people believed to have been exposed to anthrax-infected beef. 2 people have already died of the disease and 3000 are said to be at risk of anthrax infection. The regional health directorate has sent officials out in the field to trace people who may have consumed the meat of cattle believed to have died of anthrax. By Friday afternoon [18 Jan 2013] the Onandjokwe Lutheran Hospital was already swamped by hundreds of people from Omadhiya, a village near the Onandjokwe Hospital and other areas in the Oniipa Constituency where the outbreak was reported. Anthrax is an acute disease caused by the bacterium called _Bacillus anthracis_. It mostly affects herbivores, but it can also be transmitted to human beings, and other animals. Anthrax is deadly and its spores are soil borne. It can survive harsh conditions and live for more than 70 years after the carcass of an infected animal has been buried. The bacteria are transmitted to human beings if a person with cuts on the skin gets in contact with an infected animal, if a person consumes meat of an infected animal, or if they inhale anthrax spores. "So many people ate the meat of these cattle. Some were even selling kapana [a mixture of sliced grilled red meat and fat]. That is why we believe that a high number of people are at risk," said Oshikoto Regional Health Director Pater Kefas Angala. According to Angala, some of the people who turned up for treatment were already showing symptoms of anthrax infection, which include a skin rash and stomachache. Villagers allegedly continued to consume beef from dozens of cattle that were dying 'mysteriously' at the village -- even though they could not explain the reasons for the deaths. The 1st cow died on 21 Dec 2012, and was allegedly skinned by a young man who is a student at the University of Namibia. Angala said the young man has already left for Windhoek, but he will be traced and treated before it is too late. He said the pace at which anthrax symptoms are displayed depends on the amount of bacteria that penetrated the body and probably the victim's immune system. Therefore, some people may react immediately to the infection, while others take some time to react to it. The outbreak came to the attention of the authorities last week [week of 14 Jan 2013] when a woman in her 60s and her 22-year-old son, both from the village of Omadhiya in the Oniipa Constituency, died after complaining of stomachache and nausea. At first, the relatives of the deceased allegedly refused to allow medical staff to perform a post-mortem, insisting that the 2 died of poisoning. However, health authorities insisted on a post-mortem, which revealed that the mother and son did not die of poisoning but of an anthrax infection. According to Angala, common symptoms of anthrax include stomach pain, diarrhoea, nausea, and vomiting. "That was the reason why the family was convinced that that their relatives were poisoned," he said. After the autopsy results were released, people from the area flocked to the hospital to receive treatment. Angala warned communities not to slaughter, let alone consume the meat of animals that died of unknown causes. He said even the funerals of anthrax victims should be dealt with cautiously. By Friday afternoon [18 Jan 2013] state veterinarians responsible for the Oshikoto Region were still carrying out tests in an attempt to confirm an anthrax outbreak at Omadhiya village. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable